2004 LIMITED PARTNERSHIP ANNUAL REPORT 'Due By May 1, 2004

FILED **DOCUMENT # A13361** WEST ORANGE TOWNHOUSE LIMITED 04 MAY 24 PM 1: 37 TALLAHADSEE FLORIDA MJH Principal Place of Business Mailing Address 1311 SOUTH VINELAND ROAD 1311 SOUTH VINELAND ROAD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address 1311 WINTER GARDEN-VINELAND RD 1311 WINTER GARDEN-VINELAND RD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 04272004 Chg-LP City & State City & State 4. FEI Number Applied For WINTER-GARDEN-FL -WINTER:GARDEN:FL 59-2116198 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34787-4342 34787-4342 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 1311 WINTER GARDEN-VINELAND RD 1311 S. VINELAND RD. WINTER GARDEN, FL 34787 Zip Code 34787-4342 WINTER GARDEN 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$300,000.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS 1311 WINTER GARDEN-VINELAND RD NAME DUEREN, WOLFGANG 1311 S VINELAND RD, STREET ADDRESS CITY - ST- ZIP WINTER GARDEN FL 34787-4342 CITY-ST-ZIP WINTER GARDEN, FL DOCUMENT 4 STREET ADDRESS 1311 WINTER GARDEN-VINELAND RD DAVIS, ROBERT STREET ADDRESS 1311 S. VINELAND RD. CITY-ST-ZIP CITY-ST-7IP ---WINTER GARDEN-FL WINTER GARDEN FL 34787-4342_ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 700037870287 CITY-ST-7IP 06/11/04--01022--024 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CIT₹-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

WOLFGANG DUEREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

04/28/04

Date

407-656-5599

Daytime Phone #